

2111

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Kear  
District of \_\_\_\_\_  
Town of \_\_\_\_\_  
or  
City of Globe

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 147  
County Registrar No. 219  
Local Registrar No. \_\_\_\_\_

2. Full name of child Morris Dana  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)  
; If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 5. No., in order of birth \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth 3 12 24 Month day year

8. FATHER Full name Benedict Dana

14. MOTHER Full maiden name Mabel Pearson

9. Residence (Usual place of abode) Rescott Ariz  
If nonresident, give place and state

15. Residence (Usual place of abode) Rescott Ariz  
If nonresident, give place and state

10. Color or race 4/4 Indian 11. Age at last birthday 16 (Years)

16. Color or race 4/4 Indian 17. Age at last birthday 13 (Years)

12. Birthplace (city or place) San Carlos Ariz  
(State or country)

18. Birthplace (city or place) San Carlos Ariz  
(State or country)

13. Occupation Laborer  
Nature of industry

19. Occupation School kind  
Nature of industry

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 1 (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn \_\_\_\_\_ 21. Were precautions taken against ophthalmia neonatorum? no

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that X attended the birth of this child, who was born alive at 2 P m. on the date above stated.  
(Born alive or stillborn.)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.  
Given name added from a supplemental report \_\_\_\_\_  
Signature D. N. Sawyer M.D. (Physician or midwife)  
Address San Carlos Ariz  
Filed 4-7 1924 at Globe Local Registrar.  
Filed 4-7 1924 D. G. J. J. County Registrar.

441-312-415